

**Region IV Behavioral Health Board Meeting**  
**November 13, 2014**  
**Room 131, 1720 Westgate Drive, Boise, ID 83704**

**11:00 AM – 1:00 PM**

Time	Agenda Item	Presenter	Notes
11:00-11:05	Call to order; approval of consent agenda Introductions	Jess Wojcik; All	
11:05-11:30	Discussion with Central District Health Department Russ Duke, Director CDHD Perspectives on organization structure and potential of partnership with CDHD	Jess Wojcik, Laura Thomas, Russ Duke, All	
11:30-12:30	Old Business Nominations for Chair and vote-- Draft #2 of Bylaws with specific decisions on items from last meeting: Definition of majority vote for passing measures (simple, 2/3's or other number) Proxy voting – will it be allowed and if so, the process Email voting – will it be allowed and if so, the process Definition of inappropriate activities that could warrant termination of board appointment New Bylaws discussion: Working Groups and Committees	Jess Wojcik  New chair	
12:30 - 12:40 pm	New Business Extended Meeting for Mission and Vision statement development Budget Requests, if any	New Chair, Laura Thomas	
12:40-12:50	Letter of Support Requests Community Recovery Center and ODP Education Campaign	New Chair/Jess Wojcik and Laura Thomas	
12:50-12:55	Follow up Questions for Optum Idaho	Amy Korb, Laura Thomas	
12:50-1:00	Announcements Next meeting agenda items Wrap-up	Laura Thomas; All	
	Adjournment	All	

## Welcome to Region 4 Behavioral Health Board

November 13, 2014

### Call to Order

- Welcome
- Introductions
- Approval of consent agenda — approves draft minutes with corrections, agenda for today. Agenda additions need to conform to open meeting law requirements.

### Guest Presentation

- Russell Duke, Director  
Central District Health Department

### Old Business

- Nominations for Chair
  - Discussion
  - Vote
- Conflict of Interest forms

### Old Business - Bylaws

- Proxy Voting
  - Allow?
  - If so, process?
  - In bylaws or as a policy attached?
- Email Voting
  - Allow?
  - If so, process?
  - In bylaws or as a policy attached?
- Termination of board member term for cause
  - Grievance committee suggestion
  - In bylaws or as a policy attached?
- Committee/Working Group
  - Let each elect leaders?
  - Require Board member chair?
  - Bylaws or policy?

### Stretch Break

- 5 minutes please....
- Place your 6 dots to indicate your view point on the five questions

### New Business

- Extended Meeting for development of Mission and Vision
  - Meeting devoted exclusively to mission and vision of R4 BHB
  - Facilitated?
  - When? Possibly...
    - Dec 11, 1-5 pm
    - Dec 18, 1-5 pm and
    - Dec 19, 9 am to 5 pm
- Letter of Support Requests
  - Idaho Association of Counties – Community Recovery Centers
  - Office of Drug Policy – Marijuana Education Project

### Update from Optum

- Amy Korb
- Summary of Questions
- Follow up after October 2014 minutes

### Agenda Items and Requests

- Agenda items
- Next meeting requests

### Next meeting and Adjournment

- December 11, 2014 11 a.m. to 1 p.m.
  - Room 131 and telephone conference option, video conference from Mtn Home
- NOTE: SUDS providers will meet Tuesday December 9, from 9 am to 10:30 am for a BPA Meet and Greet here in Room 131

### Enjoy November!

- Wishing you a happy day as you gather with family and friends.
- Thank you for serving on this board!



## Central District Health Department

### Idaho Public Health

Presented by Russell A. Duke, Director

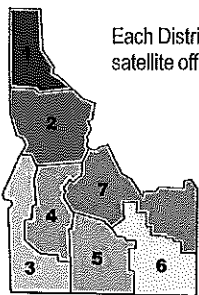
## Introduction

Russell A. Duke

- Central District Health Department – Serving Ada, Boise, Elmore, and Valley counties
- One of seven Public Health Directors from across the state
- Director since 2005



## Public Health Districts

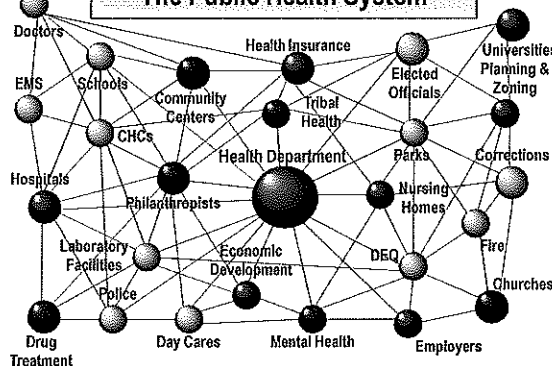


Each District has a central office with satellite offices in 41 of the 44 counties

- Prevent disease, disability, and premature death
- Promote healthy lifestyles
- Protect and promote the health and quality of the environment



## The Public Health System



## Public Health Vision

**"Healthy People in Healthy Communities"**  
Our Primary focus is prevention.










## Health Care Vs. Public Health

- Annual Health Care Expenditures in the United States: \$2.8 Trillion
- Annual Public Health Expenditures: \$78 Billion



### Central District Health Department Board of Health

<b>Chair</b>	<b>Vice Chair/Trustee</b>	<b>Alternate Trustee</b>
		
Steven Scanlin, JD Ada County	Betty Ann Nettleton, RN Elmore County	Jane Young, CRNP, DNP Ada County
		
Al Hofer Commissioner Elmore County	Frank Eld Valley County	Ted Epperly, MD Ada County
		
		Barbara Belding Commissioner Boise County

### Employees

- Nurses
- Nurse Practitioners
- Physicians
- Environmental Health Specialist
- Nutritionists
- Health Education Specialists
- Dental Hygienists
- Information Technology Specialists
- Administrators
- Support Staff
- Certified Diabetes Educator
- Scientists
- Planners

### Central District Health Facts

- We employ about 150 people (110 FTE)
- Over 100 volunteers
- FY 2015 budget of \$9.2 million
- District population 451,664 (28% of Idaho's population)
- Population: 88% urban; 11% rural; 1% frontier
- District covers 9,677 square miles

### Organization of Central District Health





County Commissioners → Board of Health → District Director

Program Areas	Support Areas
<ul style="list-style-type: none"> <li>▪ Communicable Disease Control and Health Promotion/Policy</li> <li>▪ Environmental Health and Public Health Preparedness</li> <li>▪ Preventive Health Services                             <ul style="list-style-type: none"> <li>- Reproductive Health</li> <li>- Immunizations</li> </ul> </li> <li>▪ WIC Nutrition Program</li> </ul>	<ul style="list-style-type: none"> <li>▪ Administration</li> <li>▪ Communications</li> <li>▪ Facilities</li> <li>▪ Financial Support</li> <li>▪ Grant Writing</li> <li>▪ Human Resources</li> <li>▪ Information Systems</li> </ul>

### Health District Services

#### Environmental Health



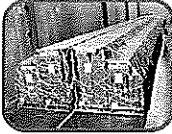
- Food protection
- Solid waste
- Onsite sewage
- Public swimming pools
- Water systems
- Child care

### Health District Services

#### Public Health Preparedness

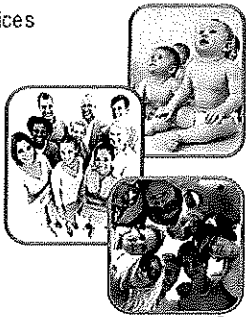

- Emergency planning
- Health care liaison
- Strategic National Stockpile
- Risk communication

### Health District Services

#### Reproductive Health Services

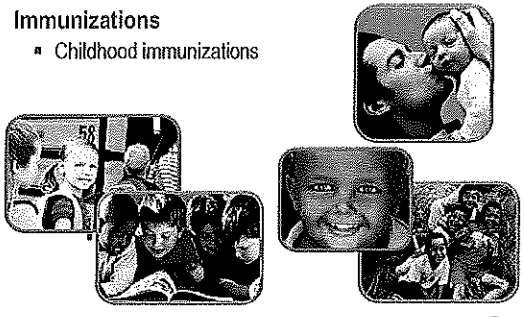

- Family Planning clinic
- Adolescent outreach
- STD clinic
- Pregnancy risk reduction
- Breast and cervical cancer screening

### Health District Services

#### Immunizations

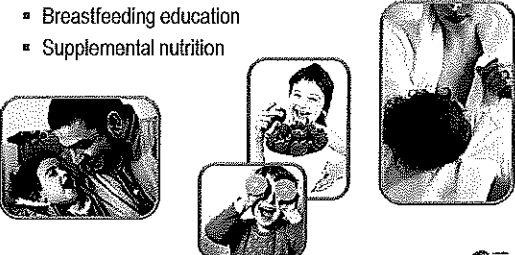

- Childhood immunizations

### Health District Services

#### Women, Infants and Children

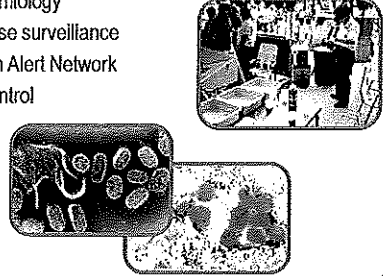

- WIC (Women, Infants & Children's Nutrition)
- Breastfeeding education
- Supplemental nutrition

### Health District Services

#### Communicable Disease Control

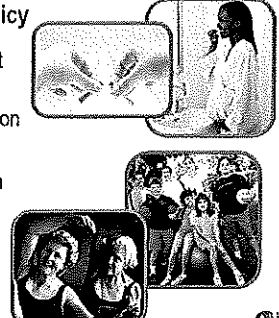

- Epidemiology
- Disease surveillance
- Health Alert Network
- TB control



### Health District Services

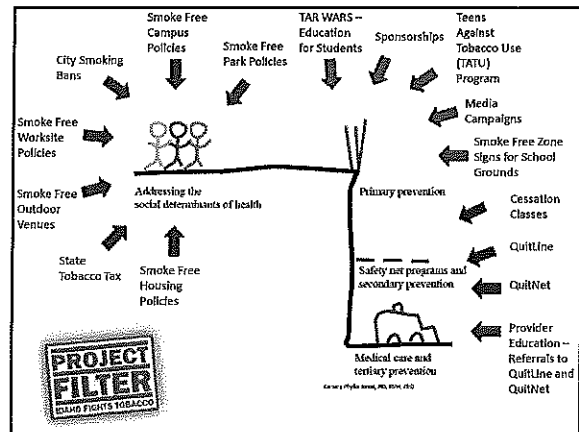
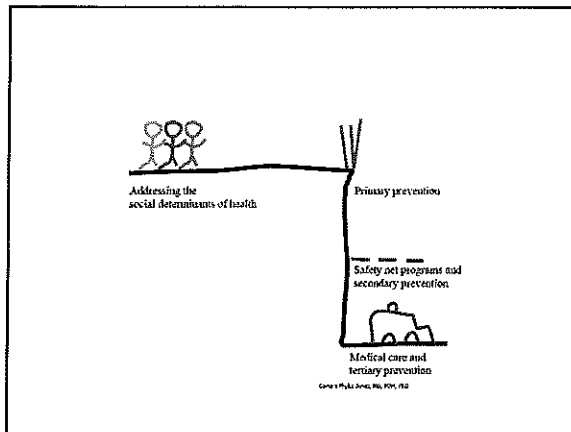
#### Health Promotion/Policy

- Childhood overweight prevention
- Tobacco use prevention
- Injury prevention
- Perinatal and children oral health

### Policy, Systems and Environmental Change: The Cliff Analogy



## Questions

A large, stylized question mark icon is centered on the slide. The question mark is white with a thick black outline and is set against a dark, textured background.

Bylaws decisions and 2 Letters of Support Decisions for November 13, 2014 board meeting

### **What majority does the board want to require for passing a motion with a quorum of 15 members present?**

During the discussion of the quorum number at 10/9/14 board meeting, a member asked if the board could also set the majority number need to pass a motion. The answer was yes and decision was to take up at a future meeting.

A 2/3's majority is 10 of 15 (quorum) and up to 15 of 22 if entire board is present (in person, on phone, via video conference)

Simplified Roberts Rules of Order specify a simple majority for all votes except:

- 2/3's required to close debate, kill a motion as it is tabled, or move to rescind a previous vote without previous notice (such make motion to rescind a decision made at the last/previous board meeting rescinded at the next similar is to changing the agenda listed below for Open Meeting Law – but if the motion to rescind is listed on the agenda, only requires a majority vote)
- Idaho Open Meeting Law requires amendments to the posted agenda that are made during the meeting require 2/3's vote
- The current draft of the R4 BH bylaws has a 2/3's vote to terminate a board member's term for inappropriate activities. This topic is still under discussion but as I recall the 2/3's vote was not being questioned.

The draft bylaws currently state the board will follow Simplified Roberts Rules of Order. The bylaws can specify additional situations where the vote is 2/3's majority.

Amending the posted agenda at the meeting must follow the 2/3's vote required by Idaho Open Meeting Law.

- What type of decisions does the board want to have a simple majority?
- What other decisions not specified by statute or Robert's Rules does the board wish to have more than a simple majority? Entering into a contract? Approving an organizational Structure?
- Is it easier to decide all decisions need a 2/3's majority of the quorum to make decision making routine and simple to administer for the chair?

### **Will Proxy voting be allowed?**

A second decision referred to a future board meeting was proxy voting.

### **Will email voting be allowed between board meetings?**

A third decision referred to a future board meeting was email voting.



Suggestion:

The bylaws could reference a policy on board votes and include options for proxy and email voting. The policy may state that the preference is for voting at board meetings by board members and to accommodate special circumstances, a policy covers proxy and email voting. This would allow the policy to be updated as needed without changing the bylaws and help finish the bylaws sooner.

- Proxy voting will require thoughtful development of the process. Questions that need to be answered are
- Who can be a proxy for a board member? How does the Member communicate the use of a proxy to the Chair and Secretary (and staff)?

Voting by email may be allowed for decisions that do not impact the public or official work of the board, such as (examples may or may not be real scenarios)

- Decision to change meeting location or time in between meetings (from standing meeting schedule) for convenience or facility reasons
- Decision to make meeting a conference call for most members with physical location for public retained
- Decision to cancel a scheduled meeting due to number of board members unable to attend or lack of sufficient agenda items

Voting by email may be allowed for decisions that need to be made but most recent board meeting lacked a quorum or arose between meetings and need immediate action

- The chair could call a special meeting via conference call to discuss the issues (to follow public meeting law requirements). Members might want some time to reflect before voting. The issue could be an email vote and timeframe given. This allows for recorded votes as required by Open Meeting Law.

If a policy is desired, suggested wording for a motion would be,

I move that

The bylaws for Region 4 Behavioral Health Board will include a statement that as much as possible, voting is done by members at board meetings; and

The bylaws for Region 4 Behavioral Health Board include a statement that the policy of the Board for proxy voting and email voting outside of a board meeting is attached to the bylaws to cover special circumstances when voting at a board meeting may not be possible.

This is just a suggestion to get the thoughts on a motion started.

### **Termination of a Board Member's term for inappropriate activities**

A suggestion sent by a board member was to re-word the bylaws to indicate that a policy exists to describe the process that would be used in situations that need review and may result in a recommendation to the board to terminate a board member's term. A board member(s) would refer the issue to a Grievance Committee of the board which would handle referrals, investigate circumstances and make a recommendation to the full board. In all likelihood, this committee would meet very rarely if ever, but a policy is in place.

So the bylaws might read:

Termination may also occur following a meeting of the Grievance Committee regarding a Board Member's behavior or actions, completion of appropriate investigation, and recommendation to the Board by the Grievance Committee. The vote to terminate a Board Member must receive a two-thirds majority of the Board. The Board Member who is the subject of the termination vote may not be present at the time of the vote. A letter of termination signed by the President will be delivered in writing and received by the Secretary.

A Board Member may take concerns about the behavior or actions of another Board Member(s) to the Grievance Committee. Based on the Grievance Committee's recommendation, the Board may vote to remove a Board Member with a two-thirds majority.

Grievance Committee: The Grievance Committee shall hear concerns from Board Members, complete appropriate investigation, and submit recommendation to the Board.

Suggestion: Members of the board who are not elected officers will rotate terms on the Grievance Committee, 4 members every 6 months. The committee shall elect their own chair, and in the event that a current member of the committee is the subject of a referral, the next member in rotation for the committee shall be seated.

If a policy for this type of termination option is desired rather than the wording in the bylaws, suggested wording for a motion would be,

I move that:

The bylaws for Region 4 Behavioral Health Board include a statement that the policy of the board is to establish a Grievance Committee to receive referrals from a board member (s) related to the behavior or actions of a sitting board member for determination if termination of the term of office is justified; and,

The Grievance Committee will be comprised of the non-officer members of the board, (insert 3 or 5, odd number suggested or make it even and have the BH chair also on the committee) at a time in rotation for 6 months; and

The bylaws reflect that the policy is attached detailing the process for referral to the Grievance Committee, steps of investigation the Committee will follow including recommendations to the Board.

This is just a suggestion to get the thoughts on a motion started.

### **Committees and working groups of the Board**

The board establishes committees and working groups.

Does the board favor allowing the committees and working groups to elect their own committee leadership (chair, etc.)?

The committees and working groups serve at the direction and pleasure of the board with periodic reports to the full board, including recommendations for the board to consider for official positions. Committees and working groups do not have the same Open Meeting law requirements as the BH Board UNLESS the Board authorizes a committee or working group to set policy for the board.

Or, does the board wish to appoint the chair of every committee and working group?

Does the board want to require every committee and working group have as a member a sitting member of the BH board? Or does the board want to encourage BH board member participation on committees and working groups as an option for board members but not a requirement?

### **Requests for Letters of Support**

Region 4 BH board has been asked to write letters of support for two Millennial Fund Grant Applications

Idaho Association of Counties request for funding for Community Recovery Centers (Ada county is included in the grant application)

Office of Drug Policy request for funding of a Marijuana Education Program

Included in the meeting documents are the request from ODP with more information on the campaign and a sample letter of support Ada County provided for the Community Recovery Center grant application.

## Region 4 Behavioral Health Board

We appreciate the opportunity to work with Optum to increase understanding on current services as well as gaps and needs in region 4. The following information would be valuable to the Region 4 Board on a regular basis. Thank you for the opportunity to ask questions and better understand the continuum of care in the region and the state as a whole. Your information is helping us as a board to be more knowledgeable about behavioral health.

The following would be helpful:

Data reported in totals for region 4 and counties within region 4 (Ada, Boise, Elmore and Valley) in future reports, in addition to state data for comparison, would be very useful.

Member survey data would be useful as a means to see the members' responses as a whole (rather than just data from members with complaints). Also, educate us on customer service as perceived by members (number of complaints, average length of time for resolution, and basic nature of member communications/complaints, such as changes in care, providers, Optum processes, etc.). Data over time, and specific to Region 4 and counties in Region 4, would be very useful.

Provider survey data would be useful as a means to see the providers' responses as a whole (rather than just data from providers with complaints). Educate us on the customer service aspect as perceived by network providers (number of complaints, average length of time for resolution, and basic nature of communications/complaints, such as changes in member care, providers' payment process, Optum processes, etc.). Data over time, and specific to Region 4 and counties in Region 4, would be very useful.

Data to provide better understanding of SUDS services provided to members, such as utilization of SUDS claim codes, numbers of members accessing SUDS services or indicating need for SUDS services, delineation of SUDS Codes utilized by State and non-state approved SUDS providers

Medical Loss Ratio information including details underlying the cost savings, i.e.: utilization breakdown based on claim number (Case Management, Individual psychotherapy, Group, SUD individual etc.) as well as outcomes data tracking from the Wellness assessments.

Provider network information, including the number of providers in the region per county, and if the providers are SUDS, MH or COD and the level of COD provided.

Compiled after October 2014 board meeting and shared with Optum and Medicaid

Via email Monday 11/3/14

Laura,

The Office of Drug Policy has submitted a grant application to the Joint Millennium Fund committee requesting funds to deliver a statewide media campaign designed to educate the public on the harms associated with marijuana use. Millions of dollars have gone into campaigns nationwide to legalize pot and persuade citizens that this drug is no longer dangerous. However, almost no messages have been aired to remind individuals about the very real threat that marijuana poses, especially in its newer, more potent forms such as wax, butter, and in edibles. The goal and objectives of the project are: **Protect public health and safety by preventing an increase in marijuana use in Idaho.** With this goal in mind, pre and post-surveys will be used to collect data from Idaho citizens in order to evaluate the effectiveness of the project in meeting the following stated objectives:

- 1) Increase the perception of risk associated with marijuana use
- 2) Increase knowledge regarding the dangers of marijuana use
- 3) Increase knowledge about the consequences of marijuana legalization.

Would the Region 4 Behavioral Health Board be willing to write a letter of support for our application? I would be happy to answer any additional questions they may have.

Thank you,

Elisha Figueroa  
Administrator  
Idaho Office of Drug Policy

[Elisha.figueroa@odp.idaho.gov](mailto:Elisha.figueroa@odp.idaho.gov)  
(208)854-3040

Check out our NEW Prescription Drug Abuse Prevention campaign: [www.lockyourmedsidaho.org](http://www.lockyourmedsidaho.org)





# ADA COUNTY

COMMISSIONERS'  
OFFICE  
200 W. Front Street, 3rd Floor  
Boise, Idaho 83702  
(208) 287-7000  
Fax (208) 287-7009  
bocc1@adaweb.net  
www.adaweb.net

October 15, 2014

Daniel Chadwick, Executive Director  
Idaho Association of Counties  
700 W. Washington  
Boise, ID 83701

Dear Mr. Chadwick:

The Board of Ada County Commissioners is in full support of the application being put forward to secure a Millennium Fund grant, to be used in the establishment of Recovery Community Centers in 4 locations across Idaho. Region 4, comprised of Ada, Boise, Elmore and Valley counties, has a critical need for this support, given the population, and corresponding addiction and mental health issues.

The Region 4 Behavioral Health Board proposes to supplement the important work begun this year by the Legislature, which approved a Crisis Center for Southeastern Idaho. The availability of this center starts the process of providing help to those in need of, and without the resources for, private and more traditional recovery from drug and alcohol addiction, as well as serious mental health issues.

The proposed Recovery Community Centers would take the next step, by adding resources from within a community to provide the support necessary for successful recovery. The effort is centered on volunteerism, with those able to help providing advice and counsel on a regular basis, leading to those who complete recovery moving into the volunteer support role. It is truly a "pay it forward" program that can only benefit the entire state, from the smallest rural communities to our large urban population centers.

We agree fully that the proposal of establishing a series of Recovery Community Centers across Idaho will do wonders to improve the services to citizens suffering addiction and mental illness. It will, as has been suggested, bring recovery out of the shadows, establish strong local bonds within communities, and put a positive face on recovery throughout Idaho.

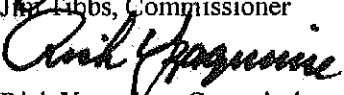
We look forward to participating in that process, and stand ready to support the request for, and implementation of, Millennium Fund grant dollars in making this a reality.

Sincerely,

ADA COUNTY BOARD OF COMMISSIONERS

  
David L. Case, Commissioner

  
Jim Tibbs, Commissioner

  
Rick Yzaguirre, Commissioner

Idaho Department of Correction Substance Use Disorder Services  
Expenditures Incurred 7/1/14 - 9/30/14

Treatment Services	D1	D2	D3	D4	D5	D6	D7	Grand Total
Alcohol or Drug Assessment	\$ 29,720	\$ 8,035	\$ 39,114	\$ 71,605	\$ 13,605	\$ 9,685	\$ 10,563	\$ 182,327
Intensive Outpatient	\$ 4,506	\$ 55,749	\$ 57,456	\$ 93,073	\$ 11,792	\$ 39,457	\$ 47,602	\$ 309,636
Outpatient	\$ 88,224	\$ 58,716	\$ 116,461	\$ 261,519	\$ 59,524	\$ 40,758	\$ 39,547	\$ 664,748
Parolee Aftercare	\$ 5,408	\$ 5,729	\$ 15,796	\$ 46,646	\$ 6,760	\$ 3,872	\$ 4,137	\$ 88,348
Pre-Treatment Services	\$ 29,156	\$ 13,716	\$ 38,166	\$ 63,702	\$ 23,678	\$ 16,502	\$ 15,978	\$ 200,898
Travel for Professionals	\$ 106	\$ -	\$ 483	\$ 3,373	\$ 1,746	\$ 66	\$ -	\$ 5,773
<b>Total</b>	<b>\$ 157,120</b>	<b>\$ 141,946</b>	<b>\$ 267,475</b>	<b>\$ 539,918</b>	<b>\$ 117,104</b>	<b>\$ 110,340</b>	<b>\$ 117,827</b>	<b>\$ 1,451,730</b>
<b>Recovery Support Services</b>								
Adult Safe & Sober Housing	\$ 28,690	\$ 18,598	\$ 29,273	\$ 89,993	\$ 25,658	\$ 11,277	\$ 4,689	\$ 208,178
Case Management (Basic and Intensive)	\$ 3,913	\$ 1,091	\$ 10,463	\$ 40,603	\$ 5,757	\$ 13,422	\$ 19,462	\$ 94,711
Drug/Alcohol Testing	\$ 21,276	\$ 8,964	\$ 32,049	\$ 56,498	\$ 10,773	\$ 2,417	\$ 5,954	\$ 137,930
Life Skills	\$ 232	\$ -	\$ 96	\$ -	\$ -	\$ 994	\$ 126	\$ 1,447
Staffing (Planned Facilitation)	\$ 25	\$ 4	\$ -	\$ 25	\$ 193	\$ 251	\$ -	\$ 497
Transportation	\$ 298	\$ 2,443	\$ 3,012	\$ 33,194	\$ 4,069	\$ 5,472	\$ 2,097	\$ 50,585
<b>Total</b>	<b>\$ 54,433</b>	<b>\$ 31,100</b>	<b>\$ 74,893</b>	<b>\$ 220,313</b>	<b>\$ 46,450</b>	<b>\$ 33,832</b>	<b>\$ 32,327</b>	<b>\$ 493,348</b>
<b>Grand Total</b>	<b>\$ 211,553</b>	<b>\$ 173,046</b>	<b>\$ 342,368</b>	<b>\$ 760,231</b>	<b>\$ 163,553</b>	<b>\$ 144,172</b>	<b>\$ 150,154</b>	<b>\$ 1,945,078</b>
Percent of Total Expenditures	11%	9%	18%	39%	8%	7%	8%	100%
Number of Offenders Served*	301	133	440	738	218	132	164	2,126

**FY15 Budget**

Budget Appropriation:	\$ 7,062,100
Total Expenditures Processed <sup>2</sup> :	\$ 1,748,103
% of Budget Expended:	25%
Target Expenditure %:	25%

**Offender Count by Priority Population**

19-2524	1046
Reentry	432
Risk to Revocate	674
Medicaid Supp.	6

**Budget Utilization by Priority Population**

19-2524	45%
Reentry	19%
Risk to Revocate	36%

\*Number of Offenders Served: Number of unique offenders with a billable event in this report period

<sup>2</sup>Expenditures processed includes BPA administrative fees, direct payments to providers, and miscellaneous treatment expenditures external to WITS

# DHW Expenditures as of 10/31/2014

DHW Expenditures as of 10/31/2014	Claims Report*	% of Year Complete
	10/31/2014	40%

Insurer	Sum of Paid Plus Incentive	Budget	% of Budget
DHW - IDHW - ATR-III - Administrative	\$ 397		
DHW - IDHW - ATR-III	\$ 504,838		
<b>ATR Total</b>	<b>\$ 505,235</b>	<b>\$ 850,000</b>	<b>59.4%</b>
Adult	\$ 46,993		
Adult-Medicaid	\$ -		
<b>Adult Total</b>	<b>\$ 46,993</b>	<b>\$ 125,000</b>	<b>37.6%</b>
Adolescent	\$ 19,304		
Adolescent-Medicaid	\$ 47,826		
<b>Adolescent Total</b>	<b>\$ 67,130</b>	<b>\$ 125,000</b>	<b>53.7%</b>
CP-SUD	\$ 201,241		
CP-SUD - Medicaid	\$ 529		
<b>CP-SUD Total</b>	<b>\$ 201,770</b>	<b>\$ 850,000</b>	<b>23.7%</b>
DV Court	\$ 48,733		
DV Court- Medicaid	\$ -		
<b>DV Court Misdemeanant Total</b>	<b>\$ 48,733</b>	<b>\$ 429,000</b>	<b>11.4%</b>
IVDU	\$ 689,926		
IVDU - Medicaid	\$ 92,284		
<b>IVDU Total</b>	<b>\$ 782,210</b>	<b>\$ 1,450,000</b>	<b>53.9%</b>
PWWC	\$ 75,622		
PWWC - Medicaid	\$ 50,249		
<b>PWWC Total</b>	<b>\$ 125,871</b>	<b>\$ 650,000</b>	<b>19.4%</b>
State Hospital	\$ 144,876		
State Hospital - Medicaid	\$ 13,018		
<b>State Hospital Total</b>	<b>\$ 157,894</b>	<b>\$ 350,000</b>	<b>45.1%</b>
Mental Health Court	\$ 64,946		
Mental Health Court - Medicaid	\$ 2,817		

Projected EOY Total GF Spending	Amount Over (Under) GF Budget
\$ 1,251,057.60	\$ 401,058
\$ 116,363.62	(8,636)
\$ 166,226.67	41,227
\$ 499,621.45	(350,379)
\$ 120,672.19	(308,328)
\$ 1,936,900.95	486,901
\$ 311,680.57	(338,319)
\$ 390,975.62	40,976



# REGION IV BEHAVIORAL HEALTH BOARD MINUTES

October 9, 2014 - 11:00 a.m. TO 1:00 PM

Region 4 Offices Westgate Campus, Room 131

1720 Westgate Drive, Boise, ID 83704

Facilitator: Laura Thomas, CRDS Region 4

**Board Attendees:** Jeremy Clark, Trini DeMarco, Greg Dickerson, Winslow Gerrish, Steve Graci, Elt Hasbrouck, Brandi Hissong (via Video conference), Kelly Jennings, Kim Keys, Amy Korb, Rhea Morrison, Shelley Retter, Christopher Saunders Christy Sofaly (via phone), Christina Smith, Sabrina Swope, Jim Tibbs, Ken Widick, Vicki Wilkins, Jess Wojcik and Laura Thomas (staff)

**Members of the Public:** Rosie Andueza, Darren Bushee, Aaron Dapoli, Jennifer Fishman, LaDessa Foster, Audrey Palmer, and Tracy Roe

**Board Excused Absences:** Elizabeth Francis, Gina Westcott

<u>Agenda</u>	<u>Presenter</u>	<u>Discussion</u>	<u>Action/Next Steps</u>
Introductions Consent Agenda approval	Laura Thomas	Meeting called to order; introductions were made for all in attendance. Commissioner Hasbrouck moved that the consent agenda be approved and therefore Agenda, September minutes and Optum Quarterly report were approved.	Consent agenda approved
Old Business – ByLaws – quorum, officers,	Laura Thomas	The Board reviewed the draft bylaws information on quorum, officers and executive committee, and termination of a board member for cause. Discussion was held on each point and the following unanimous decisions were made:  The Board voted to establish a 15-member quorum for board business (present at meeting or via telephone or video conference connection); to have annual elections of officers; to accept the board officers and duty descriptions on the draft attachment version and use an attachment reference in the bylaws rather than list duties in the bylaws; to <u>not</u> limit the number of terms an officer may be elected to serve and to have terms match fiscal year, July to June; to use a broader definition of ‘lived experience’ or voice of the consumer/advocate for the fulfillment of statute required for representation on the executive committee, i.e., not strictly limited to the representatives filling seats of SUDS or MH consumer/advocate on the board but	Laura will record the board decisions in the appropriate parts of the draft bylaws; deferred items will be scheduled for review at future board meeting; board members will send their

<p>Update on Board Structure Options and Planning Council information</p>	<p>authentically representing consumer/advocate voice; to consider reason for termination of a board member's appointment 3 unexcused absences in a 12 month period (July to June)</p> <p>Questions referred to a future board meeting:          Definition of majority vote for passing measures (simple, 2/3's or other number)          Proxy voting – will it be allowed and if so, the process          Email voting – will it be allowed and if so, the process          Definition of inappropriate activities that could warrant termination of board appointment</p> <p>Nominations were held for officer elections. The following board members received unanimous votes for the following offices, serving from now until June 30, 2015:          Chair – Amy Korb – POST MEETING NOTE: Circumstances require that Amy decline the nomination and election. A new chair will be elected at the November meeting.          Vice Chair – Jess Wojcik          Secretary – Sabrina Swope          Treasurer – Gina Westcott          Executive Committee 5<sup>th</sup> Member – Jeremy Clark</p> <p>Laura provided an update on organization structure options. A.) The “Stand Alone as an Independent Government Entity” is not an option per the Controller’s office. B.) While the legislation does not include forming a 501c3 nonprofit as an option, pursuing this approach would be time consuming and would limit the ability of DHW to contract with the organization. Any contracts or grants for 501c3’s with DHW must go through a competitive RFP process. DHW can contract directly with a governmental entity. C.) Using a model similar to the Developmental Disabilities Council as a partner with DHW is possible, but comes with some limitations. DHW would have to represent the Board at the Legislature to request increases in spending authority and staffing when contracts/grants are received. The Governor would need to approve any grants opportunities prior to the Board pursuing applications. D.) In response to questions raised in other regions about limitations on contract and grant options</p>	<p>input on the issue of termination for inappropriate activities to Laura to compile for future consideration.</p> <p>Post Meeting Note: Election of Chair will happen at November meeting</p>
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<p>New Business Conflict of Interest</p>	Laura Thomas	<p>A conflict of interest declaration form was distributed. The source was a sample form from the toolkit website and was updated to reflect Region 4 Behavioral Health Board. Some parts may not currently be applicable or may need further definition, such as affiliate relationships. Board members were asked to complete the form and leave at the meeting or bring to the next meeting. Members not present will receive a form to submit. Any items that don't seem to apply should be marked "None". Copies will be made and provided to board members so that as personal circumstances change, updates can be made.</p>	<p>Please submit completed conflict of interest declarations to Laura by next board meeting.</p>
<p>SPC meetings - representative</p>		<p>The State Behavioral Health Planning Council (SPC) meetings are open to the public. Laura asked if there were board members willing to attend with the understanding member(s) could not speak for the entire board unless instructed to do so. Rather, the idea is to have contact with the SPC similar to the official representation held by the MH board to the State Mental Health Planning Council in the past. Rhea Morrison, Amy Korb, Jess Wojcik, and Christina Smith indicated interest. It was suggested those interested work together to determine a schedule because the meeting is more than one day long. The next SPC meeting is scheduled for January 5-7, 2014 in Boise.</p>	<p>Board members interested in attending SPC meetings will coordinate schedule amongst themselves and provide update to full board after January meeting.</p>
<p>Budget Update</p>		<p>Laura provided an update on expenditures to date: \$138.47 for board meeting supplies. The required forms for mileage reimbursement are being determined; mileage approved from the last meeting is an outstanding expense.</p>	

Report from Optum Idaho	Aaron Dapoli	<p>Laura provided a brief snapshot overview of state funded behavioral health services (see meeting documents) as an introduction to representatives from Optum Idaho, the contract management company for Behavioral Health Services provided to Idaho Medicaid clients. Aaron Darpli from Optum first introduced Tracy Roe and Darren Bushee, two Optum employees with new job responsibilities. They are Field Care Coordinators, and are not auditors or authorizers. They will assist providers in improved operations. Aaron next provided answers to questions that board members submitted prior to the meeting (see meeting documents), in response to the quarterly report and as an opportunity for dialogue. See the meeting attachments for complete questions and answers to date; additional answers will be shared as available. Aaron acknowledged that Optum's data does not include information that is not part of services provided, for example total ER admissions for mental illness reasons. Several board members commented on the need to gather additional data as needs and gaps are reviewed. Aaron offered to assist with additional questions and concerns; his email is <a href="mailto:aaron.darpli@optum.com">aaron.darpli@optum.com</a>. Amy Korb volunteered to coordinate questions from the board into a single set and work with Optum to secure answers.</p>	<p>Board members should send additional questions for Optum to Amy Korb <a href="mailto:amy@riversiderehab.net">amy@riversiderehab.net</a> by October 15, 2014</p>
Announcements	Laura Thomas	<p>Upcoming events of interest were reviewed. Details are available under the Events Banner at <a href="http://www.BHB4.dhw.idaho.gov">www.BHB4.dhw.idaho.gov</a></p> <p>October 17, Public Hearing on IDAPA changes to Adult Mental Health Rules – Room 142 Region 4 offices, 10 am.</p> <p>October 17, Recovery Community Center planning meeting, 3:00 pm, 450 West State PTC Bldg (H&amp;W), 3<sup>rd</sup> floor</p> <p>October 18 Idaho Federation of Families Workshops and Advocacy Dinner, RSVP needed</p> <p>October 30 Reality Party Mock Party Scene Parent/Adult Tours, 4:15 to 7:15 pm Meridian, RSVP needed</p>	<p>Send agenda items for next meeting to Laura by October 29, 2014</p>
Wrap-up/Reflections		Laura asked members to send her any agenda items for the next meeting.	
Next meeting agenda items		Meeting adjourned at 1 p.m.	

Next meeting is November 13, 2014, 11:00 a.m. to 1:00 pm in Room 131 of Region 4 offices, 1720 Westgate Drive, Boise, ID 83704